

2010 CHILD AND ADULT CARE FOOD PROGRAM
ELIGIBILITY APPLICATION

NAME OF THE ENROLLED PARTICIPANT AGE

Enrollment Information
Check (✓) each day the above participant is enrolled for care, the hours of care each day, and the meal type(s) served:
DAYS OF CARE: MON TUES WED THURS FRI SAT SUN
HOURS OF CARE: - - - - -
Swing / Rotating Shifts: (If Applicable) - - - - -
MEAL TYPES SERVED: BREAKFAST A.M. SUPPLEMENT LUNCH P.M. SUPPLEMENT DINNER

CHILD CARE FOOD PROGRAM PARTICIPANTS ONLY
OPTION 1A: FOOD STAMPS OR TANF BENEFICIARIES
If you are now receiving Food Stamps or TANF for this child, complete one of the following numbers:
FOOD STAMP CASE # OR TANF CASE #
OPTION 1B: FOSTER CHILD
If you are applying for a foster child, check the box and list any personal income which has been identified by specific category such as clothing, school fees, allowances, etc.:
FOSTER CHILD INCOME \$

ADULT FOOD PROGRAM PARTICIPANTS ONLY
OPTION 2: FOOD STAMPS, SSI OR MEDICAID BENEFICIARIES
If you are now receiving Food Stamps, SSI or Medicaid complete one of the following numbers:
FOOD STAMP CASE # SSI CASE # MEDICAID CASE #

OPTION 3: HOUSEHOLD ELIGIBILITY - COMPLETE IF YOU DID NOT COMPLETE OPTION 1A, OPTION 1B, OR OPTION 2
Complete the following information: Household Members, Social Security Numbers and Income.
Table with 6 columns: NAMES OF ALL OTHER HOUSEHOLD MEMBERS, MONTHLY INCOME (Gross Earnings), MONTHLY SOCIAL SECURITY PENSIONS RETIREMENT, MONTHLY UNEMPLOYMENT WORKMEN'S COMPENSATION, MONTHLY WELFARE CHILD SUPPORT ALIMONY, MONTHLY ANY OTHER INCOME.
TOTAL NUMBER IN HOUSEHOLD (INCLUDE ENROLLED PARTICIPANT):
TOTAL GROSS HOUSEHOLD INCOME:

SIGNATURE AND SOCIAL SECURITY NUMBER:
AN ADULT HOUSEHOLD MEMBER MUST SIGN THE APPLICATION BEFORE IT CAN BE APPROVED.
PENALTIES FOR MISREPRESENTATION: I certify that all of the above information is true and correct and that the Food Stamp, TANF, SSI, or Medicaid Number of the enrolled participant is correct, or that all income is reported. I understand that this information is being given for the receipt of Federal funds; and that deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws.
SIGNATURE: Signature Of Adult Household Member Adult Household Member Social Security Number
Print Name Of Adult Household Member Date Signed Home Telephone Work Telephone
PRIVACY ACT STATEMENT: The National School Lunch Act requires that, unless the participants' Case Number is provided, you must include the Social Security Number of the adult household member signing the application or indicate that the household member does not have a Social Security Number.
TO BE COMPLETED BY DAY CARE AGENCY ONLY - DO NOT WRITE BELOW THIS LINE
Determination: Free Reduced Paid
Signature of Determining Official: Date
TOTAL MONTHLY INCOME \$
Conversion factors to figure monthly income: Weekly x 4.33
Twice a month x 2
Every 2 weeks x 2.15

2009-2010 CHILD AND ADULT CARE FOOD PROGRAM  
LETTER TO PARENT/PARTICIPANT

Dear Parent/Participant:

Our agency depends on Child and Adult Care Food Program funds to provide meals at no separate charge to all participants.

This information is necessary so that we may determine if participants are eligible for the Child and Adult Care Food Program. This form will be placed in our files and treated as confidential information.

The income that you report must be the total gross income received by all members of your household. If during the year, there are decreases in your family size or increases in your income that exceed \$50 per month or \$600 per year, you must report these changes to the center so that appropriate eligibility adjustments can be made. Also, if you become unemployed, the participant may be eligible for the free or reduced-price meal category during the period of unemployment.

The “Eligibility Income Scale” for reduced-price meals is included in this letter for your information. If your income is less than or equal to these reduced-priced standards, the participant is eligible for free or reduced-price meals from the Child and Adult Care Food Program which means increased reimbursement for our center and increased nutritional benefits for the participant.

Please complete, sign and return the form so that our center may receive maximum reimbursement.

Your cooperation is vital and appreciated.

The Child and Adult Care Food Program is a federal program of the Food and Nutrition Service, United States Department of Agriculture. It is operated in accordance with USDA policy, which does not permit discrimination because of race, color, national origin, sex, age, disability or retaliation. To file a complaint alleging discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, or call, toll free, (866) 632-9992 (Voice). TDD users can contact USDA through local relay or the Federal Relay at (800) 877-8339 (TDD) or (866) 377-8642 (relay voice users). USDA is an equal opportunity provider and employer.

X  
(Signature of Day Care Center Representative)

(Name of Day Care Center)

TO APPLY, YOU MUST COMPLETE ONE OF THREE OPTIONS.

- 1. List the Name of the participant (First and Last Names).
- 2. Complete the Days, Hours of Care, and the meals types served to the enrolled participant. (One time requirement for Adult Day Care participants.)

Option 1A or 1B - CHILD CARE PARTICIPANTS ONLY:

If you receive Food Stamps or TANF benefits for the participant, list the Food Stamp or TANF Case Number and Sign and Date the form.

If you are applying for a Foster Child who is the legal responsibility of the welfare agency or court, Check the Box and Sign and Date the form.

A FOSTER CHILD'S PERSONAL USE INCOME is defined as follows:

- a) Funds received from a welfare agency, which can be identified for personal use of the child. Where funds provided by the welfare agency are specified by agency, i.e., funds for shelter and care; special needs funds; and funds for personal needs such as clothing, school fees, allowances, etc., only those funds that can be identified as personal use funds shall be considered as income.
- b) Money received in hand from any source. This includes, but is not limited to, funds received from trust accounts, monies provided by the child's family for personal use and earnings from employment other than occasional or part-time (e.g., paper routes, baby-sitting).

Option 2 – ADULT CARE PARTICIPANTS ONLY:

If you receive Food Stamps, SSI or Medicaid benefits for the participant, indicate the Food Stamp, SSI or Medicaid Case Number and Sign and Date the form.

Option 3 – CHILD CARE AND ADULT PARTICIPANTS:

If you do not receive Food Stamps, TANF, SSI or Medicaid benefits for the participant, you must complete:

- 3. Names of all (Related or Unrelated) household members
- 4. List the household income (Monthly Gross Earnings) for each household member
- 5. Total number in household (#1 + #2 above).
- 6. Total gross income of all household members.
- 7. Signature and social security number of the adult household member signing the application or indicate that the adult does not possess a social security number.
- 8. Print name of adult household member signing the application.
- 9. Complete the Date and telephone number of the adult household member signing the application.

ELIGIBILITY INCOME SCALE  
Effective from July 2009 to June 30, 2010

HOUSEHOLD SIZE	REDUCED		
	ANNUAL	MONTHLY	WEEKLY
1	\$14,080 - \$20,036	\$1,175 - \$1,670	\$272 - \$ 386
2	\$18,942 - \$26,955	\$1,580 - \$2,247	\$366 - \$ 519
3	\$23,804 - \$33,874	\$1,985 - \$2,823	\$459 - \$ 652
4	\$28,666 - \$40,793	\$2,390 - \$3,400	\$553 - \$ 785
5	\$32,528 - \$47,712	\$2,795 - \$3,976	\$646 - \$ 918
6	\$38,390 - \$54,631	\$3,201 - \$4,553	\$740 - \$1,051
7	\$43,252 - \$61,550	\$3,606 - \$5,130	\$833 - \$1,184
8	\$48,114 - \$68,469	\$4,011 - \$5,706	\$927 - \$1,317
Each Additional Family Member	+6,919	+577	+134